

REC'D GAU 1627
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Patent
241/172

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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OCT 30 2000

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In re the Application of:

Michael J. Heller et al.

Serial No.: 09/374,338

Filed: August 13, 1999

For: MICROELECTRONIC
MOLECULAR DESCRIPTOR ARRAY
DEVICES, METHODS, PROCEDURES
AND FORMATS FOR COMBINATORIAL
BINDING STRUCTURES AND FOR DRUG
SCREENING



Group Art Unit: 1627

Examiner: Ricigliano, J.

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☐ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)		FEE FOR SMALL ENTITY		FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/>	\$55.00	<input type="checkbox"/>	\$110.00
2 months	<input type="checkbox"/>	\$195.00	<input type="checkbox"/>	\$390.00
3 months	<input type="checkbox"/>	\$445.00	<input type="checkbox"/>	\$890.00
4 months	<input type="checkbox"/>	\$695.00	<input type="checkbox"/>	\$1,390.00
5 months	<input type="checkbox"/>	\$945.00	<input type="checkbox"/>	\$1,890.00

☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.

OC-65518.1

CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

October 19, 2000
Date of Deposit

Denise Doss
Name of Person Mailing Paper
Denise Doss
Signature of Person Mailing Paper

- ☐ Extension fee due with this Request ____.
- ☒ If an additional extension of time is required, please consider this a petition therefor.

FEES FOR CLAIMS:

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

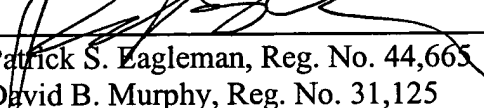
Total Claims	137	-	137	=	0	x	\$18.00	\$0.00
Independent Claims	12	-	12	=	0	x	\$80.00	\$0.00
Multiple Dependent Claims	\$270	(if applicable)					<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								\$0.00
If applicable, Verified Statement must be attached.								<input type="checkbox"/>
TOTAL FEES FOR CLAIMS SUBMITTED HERewith								\$0.00

- ☐ A check in the amount of ____ is enclosed to cover the above fee(s).
- ☐ Charge Lyon & Lyon's Deposit Account No. **12-2475** in the amount of ____.
- ☒ The Commissioner is authorized to charge Lyon & Lyon's Deposit Account No. **12-2475** for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **12-2475**.

Respectfully submitted,

LYON & LYON LLP

Dated: October 19, 2000

By: 
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David B. Murphy, Reg. No. 31,125

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